FILED

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

02 JUN 14 PM 2:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 99 00000 9790

1. Corporation Name

Nicola Bowen Artist Management Inc.

REINSTATEMENT 01-02

2. Principal Office Address
73 NE 48th Street
Suite, Apt. #, etc.

3. Mailing Office Address
73 NE 48th Street
Suite, Apt. #, etc.

4. Date Incorporated or Qualified To Do Business in Florida 1-28-99

City & State Miami, FL

City & State Miami, Fl.

5. FEI Number 650891645   Applied For / Not Applicable

Zip 33137 Country USA

Zip 33137 Country USA

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name TANJA STEPHAN

Street Address (P.O. Box Number is Not Acceptable) 73 N.E. 48th STREET

Suite, Apt. #, Etc.

City MIAMI   State FL   Zip Code 33137

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent _____ J. Stephan _____   Date 06-10-02

REGISTERED AGENT MUST SIGN

CR2E081 (9/01)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	TANJA STEPHAN	73 NE 48th Street	Miami, Fl. 33137
			⌐000059790051⌐8
			⌐06/25/02⌐01071⌐013
			****900.00 ****900.00

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: _____ J. Stephan _____ TANJA Stephan 06-10-02   305-7577334

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #